# Oral Conscious Sedation

Oral sedation is a procedure that involves taking oral medication prior to the appointment to alleviate dental anxiety. This dose is not to exceed that which can be taken over the counter without monitoring to treat insomnia and not to be taken with any drugs known to increase its effect (especially mood altering drugs). I understand that I will be awake and responsive throughout treatment and the desired effect is to achieve relaxation, not sleep. Individuals respond differently to medications, so the lowest dose will be used at first to determine its effect before higher doses are attempted. The effects of this drug will last in my system for 12-24 hours after I take the drug and I understand that I cannot drive, drink alcohol or operate heavy machinery during that time. I will likely feel very sleepy after my appointment and will need to have someone stay with me at home for the rest of the day and check on me periodically. Alternatives to this procedure include nitrous oxide sedation, IV conscious sedation and general anesthesia.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Dr. Anne Etzkorn, DDS to perform upon me (or my minor child) oral sedation using \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial beside each statement below:

\_\_\_\_\_I **have arranged for a trusted friend or family member to drive me** to and from my appointment and stay with me for the rest of the day to monitor my reaction to the drug.

\_\_\_\_\_I **have** **not or will not take any mood altering or psychogenic drugs** prescribed for anxiety or depression or insomnia within 24 hours of taking the prescribed oral sedation medication.

\_\_\_\_\_I am **not pregnant** or trying to get pregnant.

Certain risks and complications include, but are not limited to the following:

-nausea/vomiting

-dizziness

-auditory or visual hallucinations

-decreased respiratory reflexes

I understand that oral sedation helps a nervous patient become less nervous, but cooperation is still necessary by the patient in order to perform treatment, and force will not be used by the doctor. If treatment is difficult or unable to be performed due to un-cooperation, I understand that even **if treatment is not able to be performed, I will be responsible for costs associated with the doctor’s time and the anesthesia administered.**

I have provided the most complete, up-to-date and accurate medical history to my doctor, including current medications and known allergies.

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Patient’s (or Legal Guardian’s) Signature Date Witness Date

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Dr. Anne Etzkorn, DDS Date